VS-230 (Rev 6/05)

COMMONWEALTH OF KENTUCKY STATE REGISTRAR OF VITAL STATISTICS

APPLICATION FOR MARRIAGE/DIVORCE CERTIFICATE

Please Print or Type All Information Required On This Form

Please Circle Type of Record Requested Full Name of Husband						
						Maiden Name of Wife
County in Which: Marria	ge License Issued	Divorce	Decree Gran	ted		
Date of: Marriage Divo				DO NOT WILL	TE IN THIC CDACE	
	(Month)	(Day)	(Year)		DO NOT WRITE IN THIS SPACE Volume	
				Certificate		
				Year		
Name of Applicant			Date			
Applicant's Phone Number:				Searched By		
Check Type of Copy Desir Marriage - \$6.00 Each C Divorce - \$6.00 Each C	Copy – Quantity D					
THIS SI REQUESTORS INFORMA	ECTION MUST	BE COM				
			NAM			
		 	MAI	LING ADDRESS		
			— CJTY	Y. STATE, ZIP CO	DDE	

